



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**

RECEIVED
JAN 30 2012
DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICE USE ONLY

CHANGE No. _____ WRIA _____

DATE ACCEPTED ____/____/____ BY _____

FEE \$ _____ REC'D ____/____/____

CHECK No. GRAN-1115 12-03

ECY Coding: 001-002-WR10285-000011

SEPA: ☐ Exempt ☐ Not exempt

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Isaak Land Inc.	PHONE NO. (509) 632-5544	FAX NO. (509) 632-5546
ADDRESS PO Box 953		
CITY Coulee City	STATE WA	ZIP CODE 99115

CONTACT NAME (IF DIFFERENT FROM ABOVE) Philip Isaak	PHONE NO. (509) 632-5544	FAX NO. (509) 632-5546
ADDRESS PO Box 953		
CITY Coulee City	STATE WA	ZIP CODE 99115

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER G3-22021C	RECORDED NAME(S) Isaak Brothers
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

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5118025

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APP. NO. _____ PERMIT NO. _____ CERT. NO. _____ CERT. OF CHANGE NO. _____

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
See Attached								

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
See Attached								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	640 gpm	399.7	Seasonal
Domestic & Stockwater	10 gpm	2.0	Continuous

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	640 gpm	212.0	March 1 to November 30
Domestic & Stockwater	10 gpm	2.0	Continuous

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

W1/2 NE1/4 of Section 35, Township 25 North, Range 28 East, WM, Grant County, Washington;
Less County Road and Railroad Rights of Way.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
						171549001 171561000 171560000	73.0

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

See Attached

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
							84.8

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): 2283-A, 2769-A, G3-00884C, 5492-A, G3-00464C, G3-00539C, G3-26806C, 5149-A, G3-01352C(C), 1476-A, G3-01539C

6. Remarks and Other Relevant Information:

The provisions under the above noted certificate allows for the utilization of 3 wells, pumping 640 gpm, 399.7 ac-ft per year, for the seasonal irrigation of 73 acres. Additionally, it authorizes 10 gpm and 2 acre-feet for domestic and stockwater use. Under the proposed change there will be 8 proposed points of withdrawal under the modified right. There will be no change in the instantaneous flow of 640 gpm. The right will be modified under the proposed change to show an annual volume of 212.0 ac-ft. The acres authorized to be irrigated will be changed under the proposal to 84.8 acres. Acres are being increased under this application from what is currently being irrigated based upon water spreading that is allowed under state statute. The place of use will also be changed.

IF FOR SEASONAL OR TEMPORARY, START DATE ___/___/___ END DATE ___/___/___

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

ISAAC LAND, INC.
Philip Isaac (President)
(Applicant)

1/25/12
(Date)

ISAAC LAND, INC.
Philip Isaac (President)
(Water Right Holder)

1/25/12
(Date)

ISAAC LAND, INC.
Philip Isaac (President)
(Land Owner(s) of Existing Place of Use)

1/25/12
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ___/___/___